

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-021240

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 216

FILED JUN 13 1963

1. PLACE OF DEATH a. COUNTY <u>St. Francois County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre, Mo</u>		c. CITY OR TOWN <u>Leadwood</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Leadwood</u>	
3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>Jesse</u> Last <u>Trimble</u>		4. DATE OF DEATH Month <u>June</u> Day <u>2</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-2-1963</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11a. BIRTHPLACE (City and state or country) <u>Bonne Terre Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Dale Trimble</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Stallions</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		17. INFORMANT <u>Dale Trimble</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Anoxia</u> DUE TO (b) <u>Cerebral depression (of respiratory center)</u> DUE TO (c) <u>cardiac degeneration</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>This infant was born after 24 wks pregnancy</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>1:32</u> a.m. <u>pm</u> Month, Day, Year <u>6-2-63</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>8:00 p.m. on 6-2-63</u>	
21. I attended the deceased from <u>1:32 pm 6-2-63</u> and last saw him alive on <u>6-2-63</u> . Death occurred at <u>8:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>J. L. Foster M.D.</u>	
22b. ADDRESS <u>Desloge Mo.</u>		22c. DATE SIGNED <u>6-2-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6/3/63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Leadwood Mo</u>		23d. LOCATION (City, town, or county) (State) <u>St. Francois Co. Mo</u>	
24. FUNERAL DIRECTOR <u>Beck L. Boyer Leadwood Mo</u>		25. DATE RECD. BY LOCAL REG. <u>June 2, 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

1 0941

2 0940

3

4 0

5 0

6

7 0

8 2

9 762.5

10

11

12 1-0

13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.